

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. D9/542520	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	1
2	1						52	1
3							53	1
4	1						54	1
5	1						55	6
6	1						56	4
7	1						57	4
8	1						58	
9	1						59	
10	1						60	
11	2						61	
12	2						62	
13	2						63	
14	2						64	
15	2						65	
16	2						66	
17	2						67	
18	2						68	
19							69	
20							70	
21	1						71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	1
28							78	
29							79	
30	1						80	
31	1						81	
32	2						82	
33	2						83	
34	2						84	
35	4						85	
36	4						86	
37	4						87	
38	1						88	
39	5						89	
40	2						90	
41	2						91	
42							92	
43							93	
44							94	
45							95	
46							96	
47		1					97	
48		1					98	
49		1					99	
50		1					100	
TOTAL IND.	6						TOTAL IND.	
TOTAL DEP.	11						TOTAL DEP.	
TOTAL CLAIMS	17						TOTAL CLAIMS	